

UNITED STATES DISTRICT COURT
DISTRICT OF CONNECTICUT

FILED

UNITED STATES OF AMERICA :

2006 NOV -8 P 4:01

v. :

DOCKET NO: 3:03CR197 (AHN)

JOHN GUILLORY :

DISTRICT COURT
BRIDGEPORT, CT

ORDER

Government having filed a Motion to Examine Judgment Debtor and for a hearing on Defendant's ability to pay the judgment rendered against Defendant, it is hereby:

ORDERED that the Defendant, John Guillory, appear before the District Court in Room Number ^{COURT} 4 at BRIDGEPORT, Connecticut on the 14th day of December, 2006, at 11:30 o'clock in the forenoon, and then and there be examined under oath concerning his assets and his ability to pay the judgment. The Court may make such orders at the hearing or thereafter that it determines to be reasonably calculated to facilitate payment of the judgment. It is further ORDERED that Defendant bring with him and produce at the hearing all documents sought by plaintiff's Request for Production served on or about August 20, 2006, as well as a completed copy of the financial statement attached hereto as Exhibit "A" to facilitate the Court's examination of the defendant.

The Defendant is advised that failure to appear before the Court at the scheduled time and place and produce the aforementioned documents as ordered above, may subject the defendant to being held in Contempt of Court and having a Capias issued for the arrest of the Defendant.

Dated this 6th day of November, 2006,
at Bridgeport, Connecticut.

ALAN H. NEVAS HOLLY B. FITZSIMMONS
UNITED STATES DISTRICT JUDGE
MAGISTRATE

FINANCIAL AFFIDAVIT(please type or print)**SECTION I. PERSONAL DATA**

____ Mr. ____ Mrs. ____ Ms. ____ Miss.

last name first middle initial social security date of birth

address (including city/state/zip code) home phone work phone **complete**

Marital status (please check) License No.

____ single ____ married ____ widowed ____ divorced ____ separated

name of spouse social security number date of birth

age(s) of dependents (if older than 21 please list dependant's name and reason for dependency)

SECTION II. HISTORY OF EMPLOYMENT

current employer occupation years/months employed name/address of

SPOUSE EMPLOYMENT

name/address of current employer occupation years/months employed

AVERAGE MONTHLY INCOME	HUSBAND	WIFE	MONTHLY EXPENSES	AMOUNT
MONTHLY GROSS SALARY (before payroll deductions)	\$	\$	RENT/ MORTGAGE PAYMENT	
DEDUCTIONS			FOOD	
FEDERAL/STATE/LOCAL INCOME TAXES			UTILITIES/HEAT	
RETIREMENT			TELEPHONE	
SOCIAL SECURITY			INSURANCE	
OTHER (SPECIFY)			CLOTHING	
TOTAL DEDUCTIONS	\$		MEDICAL (NON REIMBURSABLE)	
NET TAKE HOME PAY	\$	\$	AUTO REPAIR/ OTHER LIVING EXPENSES	

Combined monthly income:

How much of the balance can you apply to your debt to the U.S. on a monthly basis? \$

Total monthly expenses:

If total monthly expenses exceed monthly income, how do you pay the difference?

"Exhibit A"

NAME/ADDRESS OF BANK INSTITUTION:

SECTION III ASSETS

Do you own: (please circle)

1. U.S. savings bonds? Yes No

2. stocks and other bonds? Yes No

3. Do you own any property? Yes No
(if not continue)
complete address of property:

bank account balance: \$ _____ \$ _____
checking savings other

cash value of furniture
and household goods: \$ _____

(current value) \$ _____

automobile(s): (estimate value of each vehicle)

make year model

trailer/boats/campers (resale value): \$ _____

1.

2.

SECTION IV. INSTALLMENT CONTRACTS/OTHER DEBTS

****Show here all debts which you are required to pay in regular monthly installments. Do not include living expenses.****

NAME OF CREDITOR	PURPOSE OF DEBT	ORIGINAL AMOUNT OF DEBT	UNPAID BALANCE	AMOUNT DUE MONTHLY	AMOUNT PAST DUE
		\$	\$		

****NOTE: IF REPAYMENT OF DEBT IS NOT ON A MONTHLY BASIS, PLEASE EXPLAIN WHEN PAYMENT IS DUE****

Have you ever been in bankruptcy? If yes, date discharged location of court (city/state) docket number

Are you currently in the military? yes no

If applicable, what is your present unit assigned?

total years active duty

*****PLEASE USE ADDITIONAL SHEETS, IF NECESSARY TO SUPPLY ANY OTHER PERTINENT INFORMATION ABOUT YOUR FINANCIAL STATUS.*****

With knowledge of the penalties for false statements provided by 18 U.S.C. § 1001, \$250,000 fine and five years imprisonment and with knowledge that this financial statement is submitted by me to affect action by the Department of Justice, I certify that I believe the above statement is true and that it is a complete statement of all income and assets, real and personal, whether held in my name or be any other.

I hereby certify that this financial statement is made to affect action by the Department of Justice regarding a debt of **\$248,662.25** as of October 5, 2006, which I acknowledge is due and owing to the United States.

signature of debtor

date signed